

## **City of Anniston**

Finance Department
City of Anniston
P.O. Box 2168
Anniston, AL 36202
Phone- (256) 231-7716
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licensing@annistonal.gov

## **BUSINESS LICENSE APPLICATION**

PART I.	BUSINESS INFORMATION		Date Business Started in Anniston:	
Type of Applicati	on:   Renewal		Business Organization:	□ Individual
(Check one)	<ul> <li>New License</li> </ul>		(Check one)	<ul> <li>Partnership</li> </ul>
License Change:				<ul> <li>Corporation</li> </ul>
(Check one)	<ul><li>Owner Change</li><li>Location Change</li></ul>			- UC
If wo	ur business does not have a physi	ical address in /	Annistan hut daliyars into An	□ Non-Profit
	er \$100,000 you may elect to purc			
Legal Business Name:			DBA:	
Physical Location: Street Address:			Tax Id # or SSN:	
City, State Zip:			Business Phone #:	
Mailing Address: (	if different from physical location	)		
Street Address:		City, State Zip:		
Type of Business:	□ Retail □	Wholesale	□ Rental □ Pro	fessional
	□ Manufacturer □	Contractor	□ Other	
Describe the busine	ess activities you conduct in the C	City Limits or Po	lice Jurisdiction of Anniston:	
PART II.	OWNER INFORMATI	ON (Person(s	) legally responsible for bu	usiness – attach documents if needed)
Owner's Name:			Socia	l Security #:
Driver License#/State Issued:			Date of Birth:	
If your busin	ness is under the regulation of a	state licensing	board or agency, please inc	lude a copy of your card or certificate
PART III.	CONTACT INFORMA	ATION		
Contact Name: _	me:Phone #:			
Email Address:	lress: Fax #:			
	Municipal Use Only		Signature of Owner or Leg	ol Donnocontativo
Physical Location:   City   Police Jurisdiction   Outside City & PJ			Signature of Owner of Leg	ai Representative
	·	•		
Reviewed By: Zoning Classification:		Date My signature indicates that I am legally responsible for the business and assume all tax / licensing liabilities of this business that might occur. Under penalties of perjury, I declare that this application has been examined by me and is to the best of my knowledge, a true and complete representation of the above named entity, and person(s) listed.		
Approvals: Building Date				
Fire Date				
ACCOUNT ID NAICS CODE				

## PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM

A FEDERAL TAX ID # WILL BE THE SOCIAL SECURITY NUMBER OF A SOLE PROPRIETOR OR WILL BE ASSIGNED BY THE IRS FOR OTHER OWNERSHIP TYPES AND IS REPORTED ON A BUSINESS' FEDERAL TAX RETURN.

A BUSINESS' NORTH AMERICAN CLASSIFICATION SYSTEM (NAICS) CODE MAY BE LOCATED ON THE BUSINESS' FEDERAL TAX RETURN AND IS USED TO CLASSIFY THE TYPE OF BUSINESS ACTIVITY BEING PERFORMED WITHIN THE CITY OF ANNISTON. IF YOU DO NOT KNOW THE NAICS CODE FOR YOUR BUSINESS IT WILL ASSIGNED BASED ON THE DESCRITPTION LISTED ON PAGE ONE AND THE BEST INFORMATION AVAILABLE TO THE CITY.

PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE SHADED AREA AT THE BOTTOM. FORM

SHOULD BE TYPED OR PRINTED LEGIBLY

FORM SHOULD BE DATED AND SIGNED BY AN OWNER, PARTNER, OR OFFICER OF THE BUSINESS

FORM WILL INITIATE THE PROCESS FOR REGISTERING YOUR BUSINESS WITH THE MUNICIPALITY

- ⇒ IF YOUR BUSINESS WILL HAVE A PHYSICAL LOCATION WITHIN THE MUNICIPALITY, PLEASE USE THAT ADDRESS ON THE FRONT OF THIS FORM. (Complete separate forms for each physical location in the City.)
- ⇒ UPON RECEIPT OF THE COMPLETED FORM, THE MUNICIPALITY WILL PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

ALL LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31, WITH THE FOLLOWING EXCEPTION:

INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1

THIS FORM IS INTENDED AS A SIMPLIFIED, STANDARD MECHANISM FOR BUSINESSES TO INITIATE CONTACT WITH A MUNICIPALITY CONCERNING THEIR ACTIVITIES WITHIN THAT CITY. A BUSINESS LICENSE WILL BE REQUIRED PRIOR TO ENGAGING IN BUSINESS. IF A BUSINESS INTENDS TO MAINTAIN A PHYSICAL LOCATION WITHIN THE CITY, THERE ARE NORMALLY ZONING AND BUILDING CODE APPROVALS REQUIRED PRIOR TO THE ISSUANCE OF A LICENSE.

IN CERTAIN INSTANCES, A BUSINESS MAY SIMPLY BE REQUIRED TO REGISTER WITH THE CITY TO CREATE A MECHANISM FOR THE REPORTING AND PAYMENT OF ANY TAX LIABILITIES. IF THAT IS THE CASE, YOU WILL BE PROVIDED THE MATERIALS FOR THAT REGISTRATION PROCESS.

THE COMPLETION AND SUBMISSION OF THIS FORM DOES NOT GUARANTEE THE APPROVAL OR SUBSEQUENT ISSUANCE OF A LICENSE TO DO BUSINESS. ANY PREREQUISITES FOR A PARTICULAR TYPE AND LOCATION OF THE BUSINESS MUST BE SATISFIED PRIOR TO LICENSING.

SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE LICENSING AND/OR REGISTRATION PROCESS, PLEASE CALL THE NUMBER ON THE FRONT OF THIS FORM TO OBTAIN A MORE DETAILED EXPLANATION.